



**APPLICATION ADDENDUM
REQUESTING ADJUSTED RATE FOR PART-TIME PRACTICE**

A. Identifying Information (Type or print in black ink.)

1. _____

First Name

Middle Initial

Last Name

B. Practice Information

1. Number of days a week worked at practice? _____

2. Number of hours per week worked at practice? _____

3. Office hours each day of the week?
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____

4. Number of patients you see weekly? _____

C. Additional information: _____

D. Applicant Signature

Based on the information above, underwriting will determine if you are eligible for the part time rate.

Signature

Date